



Identifying and Treating Mental Illness: One Jail System's Story

By Jeff Blum

Some day, modern medicine may allow the exact diagnosis and treatment of brain disorders with the same level of certainty that exists for physical maladies such as diabetes or cancer. Currently, however, there is a great deal of subjectivity inherent in the process of diagnosing and treating what is commonly referred to as mental illness. For correctional facilities, this process can be particularly daunting because the lines between what is recognized as severe and persistent mental illness, personality disorders, trauma, addiction, and just plain meanness is often blurred.

Female Offenders and Mental Health

Diagnosis and treatment of mental illness in the female offender population has presented a challenge for the Davidson County Sheriff's Office in Nashville, Tenn. As in most correctional facilities, the female population has doubled in the past 15 years. All female pretrial detainees, convicted misdemeanants and convicted felons at the sheriff's office with up to a six-year sentence were under the care of a private prison provider between 1994 and 2004. The private provider had total responsibility for the detention and incarceration of the offenders in addition to the diagnosis and treatment of mental illness.

In 2004, the sheriff's office constructed a stand-alone women's facility and began the process of transitioning the 400-plus female inmates from the private provider to the Correctional Development Center-Female. The sheriff's office decided to keep all medicated inmates on the same medication for a period of six weeks after the transition. At the time of the transition, almost 70 percent of the women were diagnosed as having a mental illness and were receiving psychotropic medication.

As the offenders acclimated to the new facility and the sheriff's office mental health care provider had an opportunity to review files, there was concern that many of the offenders were being unnecessarily medicated. When the period of transition was complete, some medications were changed and others discontinued entirely if the mental health provider determined that the diagnosis of mental illness was inaccurate. As new female inmates cycled

through the system and a more careful medication policy was instituted, the percentage of women on psychotropic medications was reduced by about 25 percent to an average of 45 percent.

A Change in Mental Health Care

In October 2005, the sheriff's office awarded the contract for medical services to Correct Care Solutions, which had subcontracted with the Mental Health Cooperative (MHC) as the provider of mental health services. MHC came into the contract with extensive knowledge of the sheriff's office's client base and the criminal justice system.

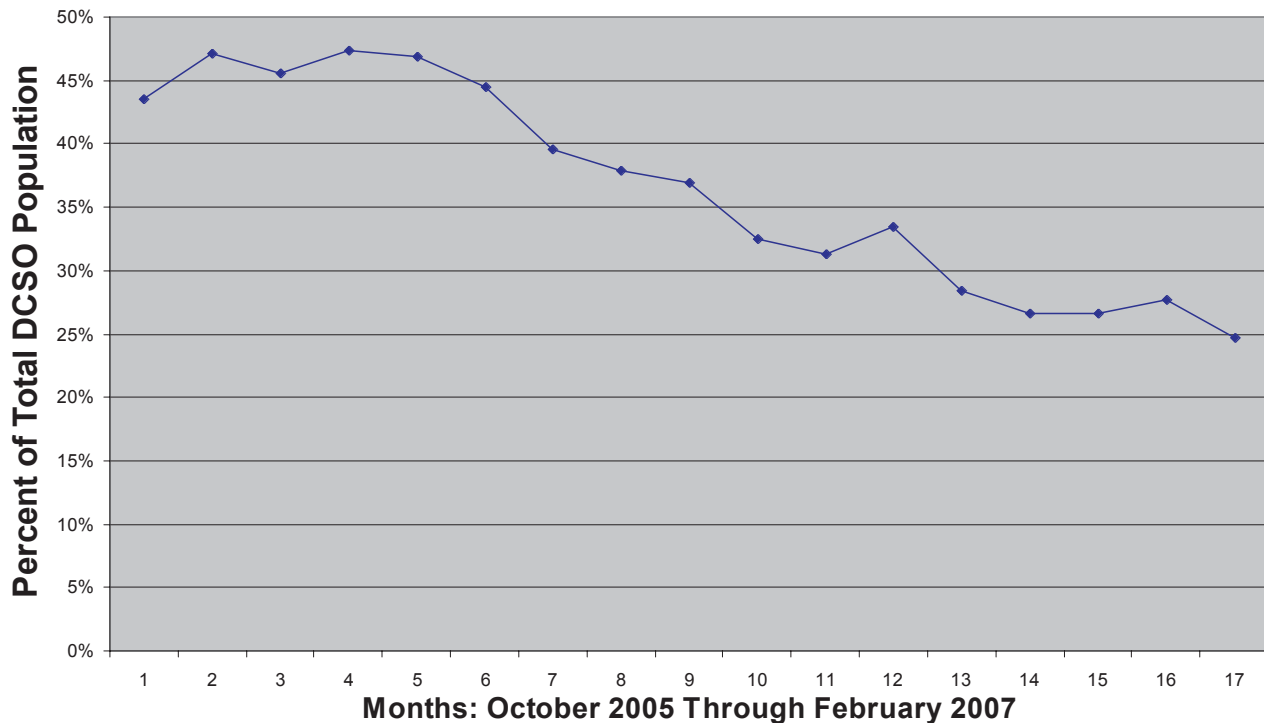
As the largest provider of case-management services and the only provider of crisis services in Davidson County, MHC had been a primary player in the development of an extensive network of community and institutional mental health services focused on the criminal justice system. MHC also brought to the process a database containing information on more than 60,000 individuals encountered during its 10 years of case-management and crisis services. The information in this extensive database was critical to the changes in mental health care that would come later to the county's female offender population.

A History of Collaboration

Collaborative efforts between MHC and other mental health care providers in the criminal justice system started in 1994. The Criminal Justice and Mental Health Task Force was established through a modest grant from the Tennessee Bar Association, and — for the first time in Tennessee — the mental health community and criminal justice professionals sat at the same table and discussed common issues and clients.

It quickly became obvious that a core group of individuals with mental health and (in many instances) substance abuse issues were cycling through mental hospitals, community agencies and the jail. Despite a heavy investment of time and resources in these individuals by each agency, there was no sharing of information — or even the knowledge that these clients were receiving additional services.

DCSO Female Inmates on Psychotropic Medications



Each agency was “reinventing the wheel” regarding these individuals, without the benefit of critical information from the other care providers. The rapid but confidential sharing of information became the primary goal of the task force.

The current collaborative effort depends on the sheriff’s office admissions list, which is distributed daily by e-mail to all the community mental health centers in Davidson County. Since arrests are public information, the distribution of this list in no way breaches confidentiality. In order to permit the reciprocation of confidential information from community providers, mental health consumers who come under the care of any Davidson County community mental health centers sign releases that allow for contact with the sheriff’s office regarding diagnosis, medication and mental health history if the client is arrested. Each morning, the providers compare the e-mailed admissions list with their client roster and contact the sheriff’s office with critical information, making it possible to expedite diagnosis and medication.

The information provided by the community mental health centers is also entered into the “case notes” module of the sheriff’s office jail management system, where offenders’ names are flagged with a special-needs symbol that allows for quick identification, statistical analysis and the development of comprehensive reports.

The sheriff’s jail docket report, containing vital information, such as diagnosis and community mental health provider, is printed daily and used by a sheriff’s office mental health case manager, who serves as a liaison to the courts on issues of mental health. The mental health case manager has been instrumental in diverting a significant number of defendants with mental illness out of the criminal justice system and back to the community.

A comprehensive jail management system report, providing individual biographical, diagnostic, release and treatment information, is used in weekly case-review meetings attended by the sheriff’s office mental health staff, clinicians from community mental health centers and sheriff’s office representatives from classification, security, administration, case management, discharge planning and medical care. The information contained in the report, plus information from the broad spectrum of professionals attending the meeting, allows for careful monitoring of offenders during incarceration and interdisciplinary collaboration at the time of discharge.

A New Protocol

It was during the weekly case-review meetings that information from the comprehensive report brought into question the sheriff’s office’s longstanding policy of uncritically accepting diagnoses from past incarcerations and community providers. Over a period of six months of these weekly reviews (during which the arrest, incarceration and release of chronic offenders were charted), a pattern was recognized.

Many of the female offenders were initially diagnosed either by a private medical care provider or during a previous incarceration at the private facility when 70 percent of the population was being medicated. Although medicated while in custody and provided with a discharge plan that referred them to a community mental health center upon release, a majority of these offenders did not pursue treatment or medication in the community, returning to prostitution or other drug-related activities. Upon rearrest, offenders would request their previously prescribed medication even though they were not taking the medication in

the community. And, because of the aggressive medication policy of the sheriff's office, the medication was being provided based on the offenders' past history.

It was clinicians from the community mental health centers who began questioning many of the diagnoses and the prescribed medications. The sheriff's office policy of providing medication based on previous history, and this particular population's use of crack while in the community, resulted in their being under chemical influence for years at a time. Therefore, a protocol was instituted that allowed for a 30-day period of detoxification for any offender entering the system whose profile included a questionable diagnosis, substance abuse and a pattern of medication compliance only while incarcerated. During this 30-day period, offenders were closely monitored for any negative effects from the detoxification process and medicated if they developed clear symptoms of a psychotic disorder.

The results were startling. The percentage of women on psychotropic medication was cut by more than one-third, from 48 percent to 30 percent in six months — and the percentage has remained stable at 25 percent to 28 percent for the past five months. More important, however, many of the women learned through the detoxification protocol and substance abuse treatment that they can cope well without legal or illegal drugs.

In a sense, while trying to be part of the cure, the previous medication policy of the sheriff's office had been encouraging the very dependence upon chemicals that its treatment programs were trying to eliminate. Proper diagnosis allowed these offenders to confront and deal with the issues that had locked them into a cycle of chemical dependence and criminality.

The Opposition

As the new policy was implemented, and the amount of medication being distributed among the inmate population decreased, opposition arose from two distinct groups: inmates and correctional officers.

For many inmates, a mental health diagnosis had become an excuse for their criminal behavior — and the medication a substitute for the chemicals they abused on the street. Taking away the diagnosis and the medication forced them to come to grips with the true circumstances of their behavior and experience thought and emotion unaffected by chemicals.

For correctional officers, medication had become a chemical restraint. Under previous mental health care providers, powerful medications were administered for “sleep disorders,” and many inmates literally slept through their period of incarceration. With the discontinuation of these medications, officers complained that the inmates were “too active” and “weren't sleeping all day,” which made their jobs more difficult.

A Healthy Debate

Some mental health professionals may take issue with sheriff's office medication policies. They may credit the drop in the percentage of inmates on psychotropic

medication as a function of under-diagnosis than careful screening, observation and medication management.

Recent headlines generated by the Bureau of Justice Statistics special report *Mental Health Problems of Prison and Jail Inmates* indicate that more than 55 percent of male inmates and 73 percent of female inmates are mentally ill. It is only by delving deeper into the substance of the report that one learns that, “The surveys did not assess the severity or duration of the symptoms, and no exclusions were made for symptoms due to medical illness, bereavement or substance use.” In other words, if in the past year an individual experienced psychosis while high on cocaine, according to the BJS study, he or she had a “mental problem” rather than a substance abuse problem. If while incarcerated an offender learns of the death of his or her mother and that offender felt sad, it was counted as a “mental health problem” rather than a normal and healthy expression of grief.

By using the subjective label “mental problem,” based on symptoms that may not be the result of the more clinical and objective finding of a severe and persistent mental illness, BJS may have furthered the negative public perception that inmates are “crazy” and, therefore, unpredictable and dangerous. Painting with such a broad brush inexorably links mental illness with criminality. It also exacerbates the existing stigma for individuals with a true severe and persistent mental illness who never encounter the criminal justice system, as well as for those discharged with mental illness who have been stabilized during incarceration and present no imminent danger to the community.

A More Humane Treatment Philosophy

Recent changes in treatment and medication policies in the Davidson County Sheriff's Office can be seen as an admission of a past error in judgment; it equated a liberal diagnosis and medication policy with humane treatment of the offender population. As an institution, the sheriff's office had bought into the hype that pervades American culture and is prevalent in the offender population — that every problem can be solved with a label and a pill.

With guidance from professionals at MHC, the administrators in the sheriff's office have come to the realization that the most humane treatment is the least intrusive intervention, free from stigmatizing labels, false promises and excuses for behavior. This is not an institutional excuse for minimizing services; rather, it is a mandate to expend the necessary resources to ensure accurate diagnosis and appropriate treatment. With this focus on proper diagnosis, the Davidson County Sheriff's Office reaps the benefits of a reduction in unnecessary and possibly harmful medication, while addressing the real issues that lock many inmates into an almost endless cycle of addiction, crime and incarceration.

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